

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7920

State File No.

FILED MAR 22 1954

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY CALLOWAY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MARTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON MISSOURI		c. LENGTH OF STAY (In this place) 2 Months	c. CITY OR TOWN HANNIBAL MO
d. FULL NAME OF HOSPITAL OR INSTITUTION STATE HOSPITAL NO 1.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) JEAN b. (Middle) REID c. (Last) HENTHORN		4. DATE OF DEATH (Month) (Day) (Year) March 15 1954	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August - 6th - 1884 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Keeping own home		10b. KIND OF BUSINESS OR INDUSTRY keeping own home	9. AGE (In years last birthday) 7 IF UNDER 1 YEAR Months 0 IF UNDER 24 HRS. Hours 0 Min. 0
11. BIRTHPLACE (City and State or Foreign Country) TORONTO CANADA		12. CITIZEN OF WHAT COUNTRY? CANADIAN	
13a. FATHER'S NAME SCOTTY LITTLE		13b. MOTHER'S MAIDEN NAME Not Given	14. NAME OF HUSBAND OR WIFE THOMAS G HENTHORN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Hospital Records, Fulton Mo. ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MALNUTRITION, REFUSED TO TAKE FOOD AND FLUIDS. ANTECEDENT CAUSES DUE TO (b) CHRONIC BRAIN SYNDROMES, ASSOCIATED WITH CEREBRAL ARTERIO SCLEROSIS, WITH DEPRESSIVE REACTION. DUE TO (c) DEPRESSIVE REACTION. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334 X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 20 1954 , to March 15 1954 , that I last saw the deceased alive on March 15, 1954 , and that death occurred at 7:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J Henry Fowler M. D.		23b. ADDRESS Fulton Missouri	
23c. DATE SIGNED 3/15/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 17, 1954	
24c. NAME OF CEMETERY OR CREMATORY Mt. Carlet		24d. LOCATION (City, town, or county) (State) Hannibal Mo	
DATE REC'D BY LOCAL REG. Mar 20 1954		REGISTRAR'S SIGNATURE Maretha Lawrence ADDRESS 426 - 1/2 Jack Schwegel - Hannibal, Mo.	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 19 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision. .

Student.....
Signature of Student Embalmer

Signed *Jack Schwartz*.....
Licensed Embalmer No. *490*
P. O. Address *Hamlet*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.